

Reinstatement Request

To: _____
(Write in name of Regional EMS Council)

From: _____
(Write in your name. If a name change exists, add your prior name.)

(Street Address)

(City, State, Zip Code)

(Home telephone number and Cell phone number)

Date: _____
(Today's Date)

Subject: Reinstatement of EMS Certification

Please find attached to this memo a Student Application and a Criminal History Reporting Form.

I am seeking reinstatement of my _____ certification.
(First Responder, EMT, EMT-P)

My old certification number was _____. I was originally certified in _____.
(Insert number) (Insert year)

Please contact me with additional instructions or questions.